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ATTORNEYS AT LAW

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FACSIMILE TRANSMITTAL

TO:

FROM:

Name: Mail Stop RCE

Name:

Amedeo F. Ferraro, Esq.

Group Art Unit 3774
Examiner Paul B. Prebilic

Firm: U.S. Patent & Trademark Office

Phone No.: 310-286-9800

Fax No.: 571-273-8300

No. of Pages (including this): 50

Subject: U.S. Patent Application No. 09/593,591

Date:

March 16, 2010

Gary K. Michelson Filed: June 13, 2000

MANUFACTURED MAJOR LONG BONE RING

IMPLANT SHAPED TO CONFORM TO A PREPARED INTERVERTEBRAL

IMPLANTATION SPACE

Attorney Docket No. 101.0078-00000

Customer No. 22882 Confirmation No.: 5619 Confirmation Copy to Follow: NO

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate: \$810 total amount to cover the \$810 RCE fee is to be charged to Deposit Account 50-3726), Request for Continued Examination Transmittal (RCE), Amendment, Information Disclosure Statement Under 37 C.F.R. § 1.97(b), and PTO/SB/08 form are being facsimile transmitted to the U.S. Patent and Trademark Office on March 16, 2010.

Christine Flores

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FORM PTO-1083

Attorney Docket No.: 101.0078-00000

Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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MAR 1 6 2010

In re application of: Gary K. Michelson

Serial No: 09/593,591 Filed: June 13, 2000

MANUFACTURED MAJOR LONG BONE RING IMPLANT SHAPED TO CONFORM TO

A PREPARED INTERVERTEBRAL

IMPLANTATION SPACE

Confirmation No.: 5619

Art Unit: 3774

Examiner: Paul B. Prebilic

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment to the Office Action dated December 16, 2009 in the above-identified application.

No additional fee is required.

Applicant hereby requests a ***-month extension of time to respond to the above office action.

A Terminal Disclaimer is enclosed.

An Information Disclosure Statement Under 37 C.F.R. § 1.97(b) with Form PTO/SB/08 is enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	256	-	264	**	00	LG=\$52 SM=\$26	\$52	\$ 0
INDEPENDENT CLAIMS FEE	9	-	9	***		LG≐\$220 SM=\$110	\$220	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$390 SMALL ENTITY FEE = \$195								\$ 0
							TOTAL	\$ 0

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

By:

 \boxtimes The total amount of \$810.00 to cover the RCE fee is to be charged to Deposit Account No. 50-3726.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted.

MARTIN & FERRARO, LLP

Amedeo F. Eerraro (Registration No. 37,129

Date: March 16, 2010

1557 Lake O'Pines Street, NE

Hartville, Ohio 44632 Telephone: (310) 286-9800 Facsimile: (310) 286-2795

Transmittal of Amendment 3-16-10

PAGE 2/50 * RCVD AT 3/16/2010 9:34:44 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/19 * DNIS:2738300 * CSID:3102862795 * DURATION (mm-ss):13-00

FORM PTO-1083

Attorney Docket No.: 101.0078-00000

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MAR. 1 6 2010

In re application of: Gary K. Michelson Serial No: 09/593,591

Filed: June 13, 2000 MANUFACTURED MAJOR LONG BONE

RING IMPLANT SHAPED TO CONFORM TO A PREPARED INTERVERTEBRAL

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							TOTAL	\$ 0

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the entry in Cor. Its less than the entry in Cor. 2, white '0 in Cor. 2, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filled.

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